

Submit 1 Copy To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
October 13, 2009

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-015-01524
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B6251
7. Lease Name or Unit Agreement Name Wentz State
8. Well Number 2
9. OGRID Number 261198
10. Pool name or Wildcat AID. Yates-Seven Rivers

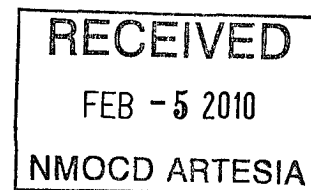
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator Doral Energy Corp.	
3. Address of Operator 415 W. Wall Street, Suite 500 Midland, TX 79701	
4. Well Location Unit Letter P : 330 feet from the South line and 990 feet from the East line Section 24 Township 17S Range 28E NMPM Eddy County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,671' GR	

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: Restored well to production <input checked="" type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Repaired electrical hook up. Started pumping unit. Pumping well to water tank for testing.



Spud Date: **04/07/1953** Rig Release Date: **06/08/1953**

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE TITLE Vice President of Operations DATE 01/29/2010
Type or print name C. M. Bloodworth, P.E. E-mail address: martyb@doralenergy.com PHONE: 432/789-1180
For State Use Only
APPROVED BY: TITLE Dist II Supervisor DATE 2/15/2010
Conditions of Approval (if any):